

RECEIVED  
CENTRAL FAX CENTER

OCT 12 2006

2020 MAIN STREET.  
SUITE 1000  
IRVINE, CA 92614-8200  
PHONE: 949.721.6900 • FAX: 949.721.6910

## FACSIMILE COVER SHEET

DATE: October 12, 2006

TO: NAME: Commissioner for Patents  
COMPANY: United States Patent Office  
FAX NUMBER: 571-273-8300 PHONE NUMBER: (571) 272-1000  
CITY: Alexandria, VA

FROM: NAME: Robert C. Laurenson  
DIRECT DIAL NUMBER: 949-759-5269 USER ID: 5103

NUMBER OF PAGES, INCLUDING COVER: 2 CHARGE NUMBER: 02453.0005.NPUS00

☐ ORIGINAL WILL FOLLOW VIA:  
☐ REGULAR MAIL ☐ OVERNIGHT DELIVERY ☐ HAND DELIVERY ☐ OTHER: \_\_\_\_\_

☒ ORIGINAL WILL NOT FOLLOW

## SUPPLEMENTAL MESSAGE:

ATTACHED IS A COPY OF A "CHANGE OF CORRESPONDENCE ADDRESS APPLICATION" FOR THE PURPOSE OF ASSOCIATING APPLICATION NO. 10/073,538 WITH THE HOWREY LLP CUSTOMER NUMBER: 27194. PLEASE PROCESS AND CONFIRM RECEIPT OF SAME.

THANK YOU.

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

RECEIVED  
CENTRAL FAX CENTER

OCT 12 2006

PTO/SB/122 (01-08)

Approved for use through 12/31/2008. OMB 0851-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/073,538
	Filing Date	February 11, 2002
	First Named Inventor	Rahoul Puri
	Group Art Unit	2616
	Examiner Name	Nguyen, Hanh N.
	Attorney Docket Number	02453.0005.NPUS00

Please change the Correspondence Address for the above-identified application to:

The address associated with  
Customer Number:

27194

OR

Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :



Applicant/Inventor



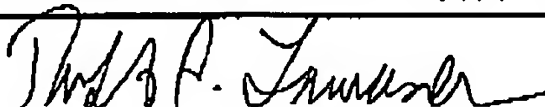
Assignee of record of the entire interest.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Attorney or agent of record. Registration Number 34,206

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature



Typed or

Printed Name Robert C. Laurenson

Date

October 12, 2006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



\*Total of 1 forms are submitted.

The collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.